

REINSURANCE HOT NEWS

January 13, 2006

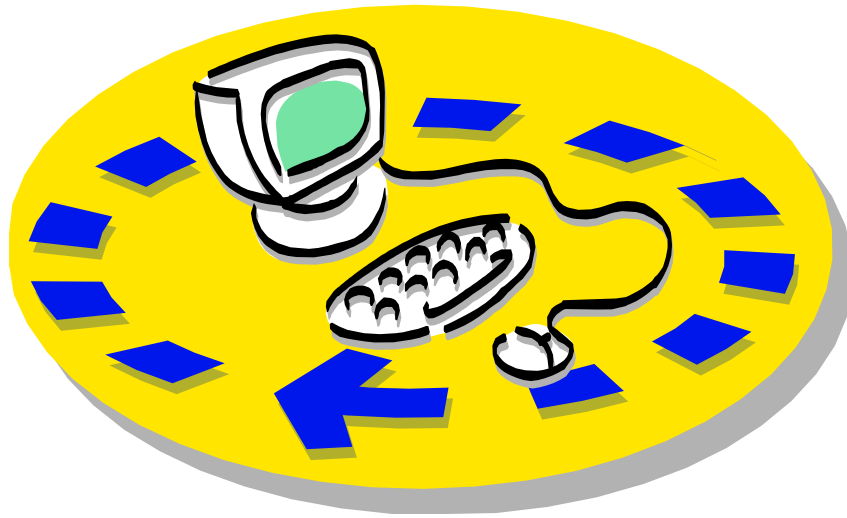
Contractor Grievances
Timely Filing Deadline

Quick Pay – Slow Pay

A-610 Reinsurance Edit

“NEW”
Transplant Stage Submission Form

SNF Contracts



Contractor Grievances Timely Filing Deadlines

Reinsurance will apply the following to all requests for time consideration for grievances prior to 10/01/05. “A.R.S. §36-2904(H), <http://www.azleg.state.az.us/ars/36/02904.htm> provides, that when a claim that gives rise to a contractor's claim for reinsurance that is the subject of a grievance, appeal or other legal action, the contractor is allowed sixty (60) days after an ultimate decision from a grievance or appeal proceeding to file a new claim for reinsurance.” *Reinsurance Claims Processing Manual, Chapter 7, page 7-1.*

Effective 10/01/05 reinsurance will apply the following as listed in the CY06 Contract Renewal, "All reinsurance claims must reach a clean claim status within fifteen months from the end date of service, or date of eligibility posting, whichever is later. Encounters for reinsurance claims that have passed the fifteen month deadline and are being adjusted due to a claim dispute or hearing decision must be submitted within 90 calendar days of the date of the claim dispute or hearing decision. Failure to submit the encounter within this timeframe will result in the loss of any related reinsurance dollars."



Refresher How Reinsurance Looks at Quick Pay Discounts and Slow Pay Penalties?

Quick Pay Discount

On acute care services where the AHCCCS Contractor has taken a “Quick Pay Discount”, the encountered plan paid amount must reflect this discount.

Slow Pay Penalty

When an AHCCCS Contractor pays a “Slow Pay Penalty” to their contracted provider, reinsurance is not payable on the slow payment penalty amount paid. The encountered plan paid amount should not include the slow pay penalty amount.

Please note a Quick Pay Discount or Slow Pay Penalty is not to be applied to AHCCCS Contracted Transplants.



Reinsurance Pend

**“A610 RI Approved Amount > HP Paid, Total Billed or
AHCCCS Allowed”**

Due to past issues with the incorrect Reinsurance allowed amounts being processed through the Reinsurance system we have found it necessary to create a new edit. Currently all associated Reinsurance encounters meeting the A610 edit criteria are pending. At this time this edit is not overrideable.

We will be reviewing and will advise you of the adjudication status of the edit.

It's not necessary to submit a Reinsurance Edit Override Request for this edit.

Transplant Stage Invoice Cover Sheet

Attached is a Transplant Stage Invoice cover sheet we are now asking you to submit with all Transplant stage invoice submissions for reimbursement consideration.



AHCCCS

Transplant Stage Invoice Cover Sheet

701 East Jefferson Street

Mail Drop 6600

Phoenix, Arizona 85034

602 417-4539

Date:

Contractor Name

Contractor AHCCCS ID #

Submitted By

Contact Phone Number

Recipient Name

Recipient AHCCCS ID #

AHCCCS Transplant Case Number

Stage Description

Stage Number

Stage Dates of Service

Stage Amount

Contractor Paid Amount

Shaded cells are to be completed

Submission must include;

Facility Invoice/Contract

UB

12

1500s

Proof of Payment



Skilled Nursing Facility Contracted Per Diem Rates

We would like to thank all of you for working with us during the past months when we were gathering the Skilled Nursing Facilities contracts. With the furnished contracted information we are now verifying the encountered plan paid amount. Should we find a difference in the payment rate and the per diem contracted rate per the contracted information furnished we will apply a price override for the per diem contracted rate.

“Per diem rates paid for nursing facility services provided within 30 days of an acute hospital stay, including room and board, provided in lieu of hospitalization for up to 90 day in any contract year shall be eligible for reinsurance coverage.” As noted in; [Acute Care Contract Amendment \(YH4-0001\)](#), Section D, paragraph 57.